

Application for Federal Assistance (SF 424)
MEPI Guidance for Completion

SF-424 form – Cover Sheet

Item #1 – Type of Submission: Select “Application or Pre-Application” (The Request for Application will specify what type of application.)

Item #2 – Type of Application: Select “New”

Item #3 - #4 – Date Received/Applicant Identifier: Leave blank, it will be assigned by the Federal agency

Item #5 - #7 – Federal Entity Identifier/Federal Award Identifier: Leave blank, it is not applicable to this program

Item #8 – Applicant Information:

8a – Input your organization’s legal name

8b – If U.S. Organization, enter your EIN or TIN as assigned by the IRS; If international organization enter “44-4444444”

8c – Enter your organization’s DUNS number. All Federal assistance recipients must have a Dun & Bradstreet Number prior to funds disbursement. If you have not already registered for a DUNS number, please begin this process. A DUNS number may be acquired at no cost by calling the dedicated toll-free DUNS number request line at 1-866-705-5711 or requesting on-line at www.dnb.com.

8d – Enter your organizations address including country

8e – If applicable, enter the name of a department or division that will coordinate the proposed activities.

8f – Name of the project person to contact about this application.

Item #9 – Type of Applicant - Please select one of the following.

H. Public/State Controlled Institution of Higher Learning

N. Nonprofit

O. Private Institution of Higher Learning

Q. For Profit

W. Non-domestic (non-US entity)

X. Other (Specify)

Item #10 – Name of Federal Agency: Input – “Bureau of Near Eastern Affairs, Office of the Middle East Partnership Initiative”

Item #11 – Catalog of Federal Domestic Assistance Number and Title: Input – “19.500” and the title is “Middle East Partnership Initiative (MEPI).” This is a required field.

Item #12 – Funding Opportunity Number and Title: Input the number and title provided in the request for application.

Item #13 – Competition Identification Number and Title: Input the title provided in the request for application.

Item #14 – Areas Affected by Project: Input the countries involved in your proposed project activities. This is a required field.

Item #15 – Descriptive Title of Applicant's Project: Enter a brief descriptive title of your project. Enter the Priority area to which you are applying.

Item #16 – Congressional Districts

16a – Applicant: If in the U.S., enter the congressional district of your organization. If International organization, enter "00-000."

16b – Program/Project: If program takes place in the U.S., enter all the congressional districts affected by the program. If program is outside the U.S. enter "00-000."

Item #17 – Proposed Project: Enter the proposed start date and end date of your project. This is a required field, however, actual dates will be negotiated if selected for funding.

Item #18 – Estimated Funding

18a – Enter the amount of funding your organization is requesting from MEPI (Federal funding).

18b – Enter the amount of any Non-Federal (e.g. non-U.S. Government) resources that will be used to support the project. This includes cost sharing and matching.

18c-d – If U.S. based, enter any funding you are receiving from the State and Local governments for this project, if applicable.

18e – Enter the total of all other costs. (Explain)

18f – If you anticipate any income to be generated by this project (i.e. registration fees) input that information here, if applicable.

18g – Total all the numbers from 18a-18f

Item #19 – Is Application subject to Review by State Under Executive Order 12372

Process? Select "c. Program is not covered by E.O. 12372"

Items #20 – Is Applicant Delinquent of any Federal Debt. Please select yes/no. If yes, please complete page 3, providing an explanation.

Item # 21 – Authorized Representative: Please provide the name, contact information, and signature of the authorized representative for your organization. The governing body of your organization must have specifically documented the designation for an authorized representative to submit an application for funding to the U.S. Government. If selected for funding this documentation may be requested. **PLEASE NOTE:** It is a best practice to have the SF-424 signed by the same authorized representative that would sign any ensuing award document for your organization. If a different authorized representative must sign any ensuing award

document, that person will need to attach documentation confirming that they have the recipient organization's delegation of authority to commit the organization to an award.

SF 424a – Budget Information – Non-Construction Programs

On the official form the highlighted areas are the areas in which an applicant must complete. This information below is for guidance purposes only.

| Section A – Budget Summary | | | | | | |
|---|---|-----------------------------|-----------------|--------------------------|-----------------------------------|---------------------|
| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance No (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| 1. “Title of Funding Opportunity” | 19.500 | \$0.00 | \$0.00 | Amount Requesting | Any Cost-Sharing/ Matching | Total |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. TOTALS | | \$0.00 | \$0.00 | Total Requesting | Total Cost Share | Total Amount |
| Section B – Budget Categories | | | | | | |
| 6. Object Categories | Grant Program, Function or Activity | | | | Total | |
| | (1) Title of Funding Opportunity | (2) Leave Blank | (3) Leave Blank | (4) Leave Blank | (5) | |
| a. Personnel (costs of employee salaries and wages) | | | | | | |
| b. Fringe Benefits (Costs of employee fringe benefits (i.e. Health insurance, retirement insurance, taxes, etc.) | | | | | | |
| c. Travel (Costs of projected-related travel) | | | | | | |

| | | | | | |
|---|----------------------|-----------|-------------------|------------|----------------------|
| d. Equipment (Costs of tangible, non-expendable, personal property having a useful life of more than one year and a cost of \$5,000 or more per unit) | | | | | |
| e. Supplies (Office or program supplies, other than those included in Equipment category) | | | | | |
| f. Contractual (Allowable direct expenses to sub-recipients, including consultant fees and travel expenses) | | | | | |
| g. Construction (If applicable) | | | | | |
| h. Other (Enter total of all Other Costs) | | | | | |
| i. Total Direct Charges (Sum of 6a-6h) | | | | | |
| j. Indirect Charges (Category may be used only when the applicant has an approved indirect cost rate from a U.S. government agency) | | | | | |
| k. TOTALS (sum of 6i and 6j) | | | | | |
| 7. Program Income (The estimated amount of income, if any, that would be generated from this project. Interest gained from U.S. Government funds is not an allowable expense.) | If Applicable | | | | If Applicable |
| Section C – Non-Federal Resources (Amount of Non-USG resources that will be used to support the project) | | | | | |
| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS | |
| 8. Title of Funding Opportunity | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12 Total (sum of line 8-11) | | | | | |

| Section D – Forecasted Cash Needs (for Year 1 of the Project) | | | | | |
|---|--------------------------------|---|--------------------------------|-------------------------------|--------------------------------|
| 13. Federal | Total for 1 st year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| | | | | | |
| 14. Non-Federal | | | | | |
| 15. Total (Sum lines 14 and 14) | | | | | |
| | | | | | |
| Section E – Budget Estimates for Federal Funds Needed for Balance of the Project | | | | | |
| (a) Grant Program | | Future Funding Periods (Years) | | | |
| | | (b) First (Year 1) | (c) Second (Year 2) | (d) Third (Year 3) | (e) Fourth (Year 4) |
| 16. Title of Funding Opportunity | | | | | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. Total (Sum of lines 16-19) | | | | | |
| | | | | | |
| Section F - Other Budget Information | | | | | |
| 21. Direct Charges (total from 6i) | | 22. Indirect Charges (Total from 6j) | | | |
| 23. Remarks: (any additional comments you wish to add) | | | | | |

SF 424b – Assurances – Non-Construction Programs

Please read and have your authorized representative sign where requested. The signatory on this document should be the same person who signed the SF-424.